

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3-9

01070

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

## 1. PLACE OF DEATH:

Garett

County

Grantsville

(If outside city or town limits, write RURAL and give nearest town)

10 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Christain C. Beachy

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

8. (b) Name of husband or wife

Bertha Beachy

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

March 22-1871

8. AGE:

Years  
76Months  
-Days  
IIIf less than one day  
..... hrs. .... min.

8. Birthplace

R.D.I. Accident Md

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

12. Name

Christain J Beachy

MOTHER FATHER

13. Birthplace

R.D.I. Accident Md

14. Maiden name

Mary Beeghley

15. Birthplace

R.D.I. Accident Md

16. Informant

Fredrick Beachy

Address

Oakland Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4-5-1947

(month) (day) (year)

Cemetery or crematory

Grantsville

Location

Grantsville Md

18. Funeral director

John Wintress

Address

Grantsville Md

19.

19

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Garett

City or town

Grantsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 2

19 47, at 7 p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Mar 1 1947 to Apr 2 1947

and that I last saw him alive on

Immediate cause of death

6. Brain Myocarditis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

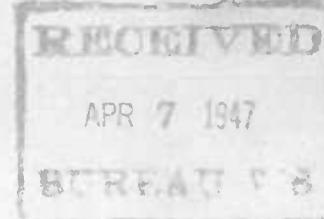
W. B. Davis M.D.

M. D. or other

Address

Grantsville Md

Date signed 4/3/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

01071  
166

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH: Garrett  
 County .....  
 City or town Mt. Lake Park.  
(If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? one month  
 Hospital, institution, or street address where death occurred: Spicer Nursing Home  
 How long in hospital or institution? one month

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
 State md ..... County Garrett  
 City or town Friendsville.  
(If outside city or town limits, write RURAL and give nearest town)  
 Street No. .....  
(If rural, give LOCATION)  
 2.(a) If veteran, name war .....  
 3. (b) Social Security Number NONE

## 3. (a) FULL NAME

John Frederick Bowman

4. Sex <u>Male</u>	5. Color or race <u>white</u>	6.(a) Single, married, widowed, or divorced <u>Single</u>
--------------------	-------------------------------	-----------------------------------------------------------

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) March 26, 18778. AGE: Years 70 Months - Days 16 If less than one day hra. .... min.9. Birthplace Near Accident Md  
(Town, county, and state)10. Usual occupation Laborer.

## 11. Industry or business

12. Name <u>John W. Bowman</u>
13. Birthplace <u>Accident Md.</u>

14. Maiden name <u>Louisa Thomas</u>
15. Birthplace <u>Markleysburg, Penna</u>

16. Informant <u>Charles Bowman</u>
Address <u>Friendsville Md.</u>

17. Burial <u>Burial</u>
(Burial, cremation, or removal, Which?)

Cemetery or crematory <u>Brothern Cemetery</u>
------------------------------------------------

Location <u>Near accident Md.</u>
-----------------------------------

18. Funeral director <u>W. W. Savage</u>
Address <u>Friendsville Md.</u>

19. Date rec'd by registrar <u>3/13/1947</u>
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12-47 19 ..... at 4:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-1-47 19 ..... to 4-12-47 19 .....

and that I last saw h. im alive on 4-11-47 19 .....Immediate cause of death Heart FailureDue to High Blood PressureAnd Chronic Nephritis

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury ..... Injured at work? .....

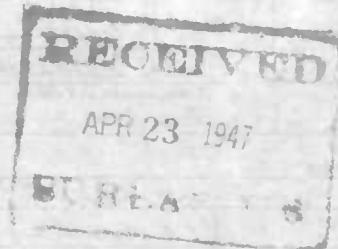
23. SIGNATURE Edward F. Do Harrold M. D. or other .....Address Friendsville, Maryland Date signed 4-14-47

UNITED STATES GOVERNMENT PUBLISHING OFFICE

STANISLOW STACHOWICZ

SEARCHED

INDEXED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If age is especially important, Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *AC*

01072

## CERTIFICATE OF DEATH

Reg. Dist. No. *163*

## 1. PLACE OF DEATH:

County *Garrett*City or town *Bloomington*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *2 years 8 months*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Harry Thomas Broadwater

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife *Blanche Beeman*  
Broadwater

7. Birth date of deceased (mo., day, yr.) *July 20, 1914*

8. AGE: Years *32* Months *8* Days *13* It is less than one day  
hrs.      min.

9. Birthplace *near Bloomington, Garrett, Md.*  
(Town, county, and state)

10. Usual occupation *Laborer*

11. Industry or business *W. P. A.*

12. Name *Ephriam Broadwater*

13. Birthplace *Maryland*

14. Maiden name *Ida Rounds*

15. Birthplace *Maryland*

16. Informant

Address *Burial*

17. (Burial, cremation, or removal. Which?) *Philos Cemetery*  
Date thereof *April 5, 1947*  
(month) (day) (year)

Cemetery or crematory *Philos Cemetery*  
Location *Westernport, Maryland*

18. Funeral director *Ellsworth S. Boal*  
Address *Westernport, Maryland*

19. *4 - 5* (Date rec'd by registrar) *47* *Dorsey Patterson* *Registrar*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Garrett*City or town *Bloomington*  
(If outside city or town limits, write RURAL and give nearest town)Street No. *(If rural, give LOCATION)*

2.(a) If veteran, name war

## 3. (b) Social Security Number

213-01-8870

## MEDICAL CERTIFICATION

20. DATE OF DEATH *April 3* *1947* *at 7:30* *AM*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *March 1941 to April 3, 1947* and that I last saw him alive on *April 3, 1947*

Immediate cause of death

*Congestive heart failure* *2 mo*Due to *Valvular heart disease* *8 yrs*Due to *Rheumatic fever* *12 yrs*

Other conditions

(Include pregnancy within 8 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. *Date of*Where did injury occur? *(City or town)* *(County)* *(State)*

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *James Ellsworth Jr. M.D.*

M. D. or other

Address *Piedmont W. Va.* Date signed *4-5-47*

RECEIVED

APR 8 1947

REF ID: A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1170

## CERTIFICATE OF DEATH

01074

166

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County..... Garrett  
City or town..... near Deer Park  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Henry William Deihl

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced

Male White Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) December 4, 1868

8. AGE: Years Months Days If less than one day  
79 4 12 hrs. min.

9. Birthplace..... Frostburg, Maryland

(Town, county, and state)

10. Usual occupation.....

Farmer

## 11. Industry or business

12. Name..... Edward Deihl

13. Birthplace..... Germany

14. Maiden name..... Catherine McMann

15. Birthplace..... Cumberland, Md.

16. Informant..... Mrs. Fred Holtschneider

Address..... Deer Park, Md.

17. Burial..... April 19, 1947  
(Burial, cremation, or removal. Which?) Date thereof..... (month) (day) (year)

Cemetery or crematory..... Deer Park

Location..... near Deer Park

18. Funeral director..... Emrys Bolden

Address..... Oakland, Md.

19. (Date rec'd by registrar) 4/17/47 19. (Date of death) 4/17/47

M

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Garrett

City or town..... near Deer Park  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1947 at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 13, 1947, to April 13, 1947.

and that I last saw him alive on April 13, 1947.

Immediate cause of death..... Hemorrhage

DURATION

Due to..... Gastric ulcers

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

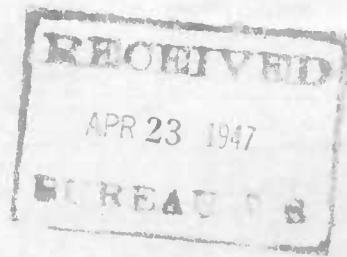
Means of injury

Injured at work?

23. SIGNATURE..... A. E. Shantz M.D.

M. D. or other

Address..... Oakland, Md. Date signed 4/17/47



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

01075  
166

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County... Garrett

City or town... Oakland, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

21st

How long in hospital or institution?

## 3. (a) FULL NAME

Harry Oscar Durst

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

B. (b) Name of husband or wife..... Daisy Myrtle White Durst

B. (c) If alive, give age... 61 years

7. Birth date of deceased (mo. day, yr.)

August 28, 1878

8. AGE:

Years

Months

Days

If less than one day

68

7

19

.hrs. .min.

9. Birthplace... New Germany, Garrett, Md.

(Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business

12. Name... James Madison Durst

13. Birthplace... New Germany, Md.

14. Maiden name... Nancy Daniels

15. Birthplace... Cove, Maryland

16. Informant... Floyd Durst

Address... Oakland, Md.

17. Burial... Date thereof... April 19, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or columbarium... Oakland Cemetery

Location... Oakland, Md.

18. Funeral director... Murray D. Bolden

Address... Oakland, Md.

19. 4187 47 Julia A. Brown  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Garrett

City or town... Oakland (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH... April 17, 1947, at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 17, 1945, to April 17, 1947, and that I last saw him alive on April 17, 1947.

Immediate cause of death... Coronary Occlusion

DURATION

Due to... arterio sclerosis

10 yrs.

Due to... Hypertensive heart disease

10 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

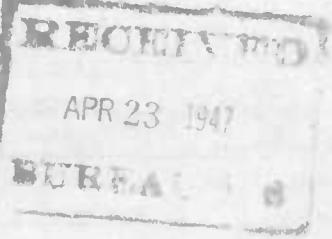
Injured at work?

23. SIGNATURE... L.S. Phane M.D.

M. D. or other

Address... Oakland, Maryland Date signed... April 18

1947



## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County GarettCity or town R.D.I Grantsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Christain J. Folk4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Elizabeth Folk7. Birth date of deceased (mo., day, yr.) Augest 17-1864 6. (c) If alive, give age years8. AGE: Years 82 Months 8 Days 3 If less than one day hrs. min.9. Birthplace Springs - Somerset Co. Pa. (Town, county, and state)10. Usual occupation Retired Farmer

## 11. Industry or business

12. Name John Folk13. Birthplace Springs - Somerset Co Pa14. Maiden name Matilda Hershberger15. Birthplace Rural Near Salisbury Pa16. Informant Scott DuckworthAddress R.D.I Grantsville Md17. Burial Date thereof 4-23-1947 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory AccidentLocation Accident Md18. Funeral director John A. HershbergerAddress Grantsville Md19. April 22 1947 Ethel Broadwater Registrar  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MdCounty GarettCity or town R.D.I Grantsville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1947 at 2:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 1 1947 to April 20 1947 and that I last saw him alive on Apr 15 1947

Immediate cause of death

Chronic Myocarditis

DURATION

Due to

Died to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE N. R. Daniel M.D.

M. D. or other

Address Grantsville Date signed Apr 21

RECEIVED

APR 23 1947

FEDERAL BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

01077

## CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH: Garrison  
 County: Baltimore  
 City or town: Bresslersville 3rd  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? All his life  
 Hospital, Institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State: Md County: Baltimore  
 City or town: Bresslersville 3rd  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.:  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war:

3.(a) FULL NAME  
Homer Friend

3. (b) Social Security Number

4. Sex: <u>M</u>	5. Color or race: <u>W</u>	6.(a) Single, married, widowed, or divorced: <u>Married</u>
		<u>Melrose</u>

6.(b) Name of husband or wife:  
 7. Birth date of deceased (mo., day, yr.): April 23 - 1861 8. (c) If alive, give age: years

8. AGE: Years: <u>85</u>	Months: <u>11</u>	Days: <u>25</u>	If less than one day: <u>hrs. .... min.</u>
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9. Birthplace: 771 d (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

12. Name: Homer Friend

13. Birthplace: Any Day Farm

14. Maiden name: Sims

15. Birthplace: Maryland

16. Informant: Randall Friend

Address: Hopewell Pa

17. Burial: Burial Date thereof: Apr 20-1947  
 (Burial, cremation, or removal, where?) (month) (day) (year)

Cemetery or crematory: Fairview Cem on Fair

Location: near Friendsville Md

18. Funeral director: H. H. Savage

Address: Friendsville 3rd

19. (Date rec'd by registrar) April 19 1947 Registrar: Kathryn Fife

## MEDICAL CERTIFICATION

20. DATE OF DEATH: APRIL 18, 1947 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18, 1947 to April 18, 1947, and that I last saw him alive on Mar 18, 1947.

Immediate cause of death: Acute myocarditis DURATION 2 days

Note: This pt was found dead - probably due to natural causes - I never treated him Other conditions for any condition while he lived (Include pregnancy within 8 months of death)

Major findings of operations: Date of op.

Autopsy results: PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following: Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE Winton Tepper, M.D. M. D. or other

Address: Friendsville Date signed April 19, 1947

STATE TO STATE-STATE CHARTER

STATE TO STATE-STATE

RECEIVED

APR 28 1947

BUREAU F B

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 870

01678

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County..... Garrett

City or town..... McHenry, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Life time

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Archibald Glotfelty.

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced

Male White Married.

6.(b) Name of husband or wife..... Katie Glotfelty.

7. Birth date of deceased (mo., day, yr.)..... May 4th, 1874

6.(c) If alive, give age..... 67 years

8. AGE: Years..... Months..... Days..... If less than one day

72 11 19 hrs. min.

9. Birthplace..... McHenry, Maryland.

(Town, county, and state)

10. Usual occupation..... Retired Farmer

## 11. Industry or business

12. Name..... Jess Glotfelty,

13. Birthplace..... Salisbury, Pa.

14. Maiden name..... Ester Warnick.

15. Birthplace..... New Germany, Md.

16. Informant..... Mrs. Katie Glotfelty.

Address..... McHenry, Maryland.

## 17. Burial

(Burial, cremation, or removal. Which?) Date thereof..... April 27/1947

(month) (day) (year)

Cemetery or crematory..... Flat Wood Cemetery.

Location..... Near Accident, Maryland.

## 18. Funeral director.....

Address..... George B. Bolden

Oakland, Md.

19. (Date rec'd by registrar)..... 4/27/47

19. (Date rec'd by registrar)..... 4/27/47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Garrett

City or town..... McHenry, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

P.M

20. DATE OF DEATH..... April 23d. 1947 at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 31, 1946, to Feb. 25, 1947.

and that I last saw h. im. alive on Feb. 25, 1947.

Immediate cause of death.....

DURATION

Due to..... Parkinson's Disease.

10 yrs

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... G. E. Phane M.D.

M. D. or other

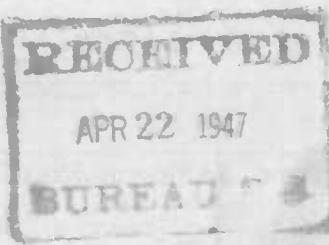
Address..... Oakland, Maryland. Date signed..... 4/25/47

RECEIVED

MAY 6 1947

BUREAU U S





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137-2

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

166

## 1. PLACE OF DEATH:

Garrett  
County .....  
City or town ..... Mt. Lake Park,(If outside city or town limits, write RURAL and give nearest town)  
20 yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -----

## 3. (a) FULL NAME

William H. Johnson

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

Unknown

## 8. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

February 21, 1862

8. (c) If alive, give age ----- years

## 8. AGE:

Years  
85Months  
2Days  
--

## If less than one day

hrs. ..... min.

Penns.

## 9. Birthplace

(Town, county, and state)

## 10. Usual occupation

Laborer

## 11. Industry or business

General

## MOTHER FATHER

## 12. Name

## 13. Birthplace

Unknown

## 14. Maiden name

## 15. Birthplace

Mrs. J. B. King

## 16. Informant

Mt. Lake Park, Md.

## Address

## Burial

April 22, 1947

## 17. (Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

## Cemetery or crematory

Wonderly Cemetery

## Location

2 Mi. So. Mt. Lake Park, Md.

## 18. Funeral director

Herbert C. Leighton

## Address

Oakland, Md.

## 19. (Date rec'd by registrar)

19.

4/22/47 Julia Roman

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ..... Maryland ..... County ..... Garrett

City or town ..... Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

Street No. -----

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

April 20,

47

6:40 P.

## 20. DATE OF DEATH

April 19, 1947, to

19

and that I last saw him alive on

4/19

1947

Immediate cause of death ..... Urucemia

DURATION

4 days

Due to ..... Prostatic obstruction

5 yrs.

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

## Major findings or operations .....

Date of op.

## Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

## 23. SIGNATURE

M. D. or other

Address ..... Egleton, W. Va. Date signed 4/22/47

RECEIVED

MAY 6 1947

BUREAU F B I

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6

01081

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County ..... Garrett

City or town ..... Deer Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 3 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 1

## 3. (a) FULL NAME

Frederick Daniel Kerss

## 3. (b) Social Security Number

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Mary Josephine Clark

7. Birth date of deceased (mo., day, yr.) Aug 28 1866

6. (c) If alive, give age 80 years

8. AGE: Years 80 Months 7 Days 12 If less than one day

hrs. .... min.

9. Birthplace Fort Savage Allegany Co. Md.

(Town, county, and state)

10. Usual occupation Farmer and Retired

11. Industry or business

12. Name Kerss

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mrs. Carl Hirschbaugh

Address Deer Park, Md.

17. Burial Date thereof Apr 13 1949

(Burial, cremation, or removal? Which?)

Date thereof (month) (day) (year)

Cemetery or crematory Philo's Cemetery

Location Chestertown, Md.

18. Funeral director F. E. Lichhorn

Address 4933 Macarthur Rd.

19. (Date rec'd by registrar) 1947

RECEIVED

APR 23 1947

RECORDED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01082

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

## CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH: *Garrison*

County

City or town

*Frederick Md*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *All his life*

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

## 3. (a) FULL NAME

*John Gadira Linsk*

4. Sex

*M*

5. Color or race

*W*

6. (a) Single, married, widowed, or divorced

*married*

8. (b) Name of husband or wife:

7. Birth date of

*June 28 1864*

6. (c) If alive, give age

years

8. AGE:

*83*

Years

*2*

Months

*10*

Days

If less than one day  
hrs. min.

9. Birthplace:

*Frederick Ridge Md*

(Town, county, and state)

10. Usual occupation:

11. Industry or business

*Joseph E Linsk*

12. Name

*Frederick*

13. Birthplace

*Frederick*

14. Maiden name

*Frederick*

15. Birthplace

*Frederick*

16. Informant

*Mr Pearl Shultz*

Address

*Frederick*

Burial

(Burial, cremation, or removal. Write?)

Date thereof *Apr 11 1947*  
(month) (day) (year)

Cemetery or crematory

*Frederick Ridge*

Location

*Frederick*

18. Funeral director

*W H Survey*

Address

*Frederick*

19. Date rec'd by registrar

*April 12 1947*

(Date rec'd by registrar)

Kathryn Tice

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

*Md*

County

*Garrison*

City or town

*Frederick*

Md

*Garrison*

County

*Garrison*

Street No.

*—*

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH *April 1 1947* at *9 A M*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*April 1 1947* to *April 8 1947*and that I last saw h. L M alive on *April 14 1947*

Immediate cause of death

*Obstruction*

DURATION

*7 days*Due to *Influenza*

DURATION

*10 days*Due to *Sensitivity - Mitral Stenosis*

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *H. B. Messer and MD* M. D. or otherAddress *Addison - 89* Date signed *4/9/47*

RECEIVED

APR 18 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

01083

## CERTIFICATE OF DEATH

Reg. Dist. No. 111

## 1. PLACE OF DEATH: Garrette

County.....

Friendsville R D

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

18 yrs

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

John T Loveridge

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Alie Fike

7. Birth date of deceased (mo. day, yr.)

Feb 17 1865

6. (c) If alive, give age..... 76 years

8. AGE: Years

82

Months

I

Days

25

It less than one day

hrs. .... min.

9. Birthplace.....

Wheeling W.Va.,

(Town, county, and state)

Farmer

10. Usual occupation.....

On farm

11. Industry or business

Not Known

FATHER

12. Name.....

Not Known

13. Birthplace

Not Known

14. Maiden name

Not Known

15. Birthplace

Not Known

16. Informant.....

Alie Loveridge

Friendsville R D,

Address.....

Burial

Apr 15 1947

17. (Burial, cremation, or removal. Which?)

Date thereof..... (month) (day) (year)

Cemetery or crematory.....

Asher Glade Cem-

18. Funeral director.....

E. B. Harred

Address.....

Brandonville W.Va.,

19. (Date rec'd by registrar)

April 14 1947

Kathryn Fike

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Garrett

City or town..... Friendsville

(If outside city or town limits, write RURAL and give nearest town)

Street No..... R. S.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

April 12

47, 1947, at 9 A.M.

20. DATE OF DEATH..... April 4, 1947, to April 12, 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. l. m. alive on April 11, 1947

Immediate cause of death.....

Coronary Occlusion

Due to.....

Bronchial asthma, Senility

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

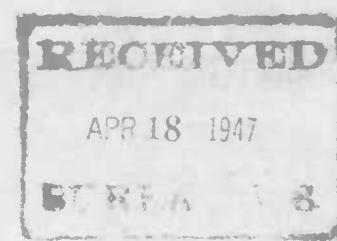
Means of injury.....

Injured at work?

23. SIGNATURE N. B. Munroe

or other

Address..... Madison, D.C. Date signed April 14, 1947



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

01084

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

166

## 1. PLACE OF DEATH:

Garrett

County.....

Oakland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 months

Hospital, Institution, or street address where death occurred:

Alder St.

How long in hospital or institution? -----

## 3. (a) FULL NAME

Paul Edward Martin

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Child

## 8. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) August 5, 1946

8. AGE: Years Months Days If less than one day  
--- 8 5 ..... hrs. ..... min.

## 9. Birthplace

(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

Foster R. Martin

12. Name..... Preston Co., W. Va.

13. Birthplace

Elva E. Mills

14. Maiden name

Keyser, W. Va.

15. Birthplace

Foster R. Martin

16. Informant

Oakland, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Oakland Cemetery

Location

Oakland, Md.

18. Funeral director

Herbert C. Langton

Address

Oakland, Maryland

19. (Date rec'd by registrar)

4/11/47

19. 4/11/47

Julia Brown

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Oakland

(If outside city or town limits, write RURAL and give nearest town)

Street No. Alder St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1947 6:10 P.M.

21. I CERTIFY that death occurred on the date above signed: that I attended deceased from

Died after death

and that I last saw him alive on

## Immediate cause of death

Bronchitis pneumonia

DURATION

Due to: Sepsis

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

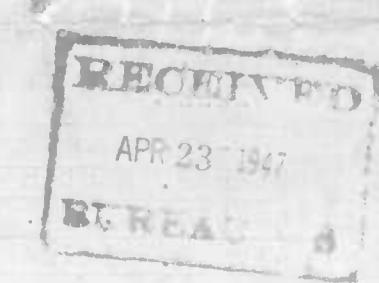
Date signed

4/11/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-M

01085

## CERTIFICATE OF DEATH

Reg. Dist. No. 171

## 1. PLACE OF DEATH:

County Garrett  
City or town Accident RD#1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Susan Schrock

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Benjamin Schrock

7. Birth date of deceased (mo. day, yr.) December 25, 1874

8. AGE: Years Months Days If less than one day  
72 3 23 hrs. min.9. Birthplace Near Jennings (Garrett) Md.  
(Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

12. Name Christian Orendorf

13. Birthplace Near Jennings, Md.

14. Maiden name Polly Hostetler

15. Birthplace Not Known

16. Informant Noah Schrock

Address Accident Md. RD#1

17. Burial Date thereof Apr. 20, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cherry Glade

Location Near Bittinger, Md.

18. Funeral director Mrs. M. M. Minterberg

Address Grantsville, Md.

19. Apr. 19, 1947  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County GarrettCity or town Accident M.d. RD#1  
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2D. DATE OF DEATH April 18, 1947, at 1: P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19, 1947, to April 2, 1947, and that I last saw her alive on Apr. 2, 1947.

Immediate cause of death Widespread Cancer of all abdominal organs.  
DURATION 10 yrs.

Due to Cancer of abdominal viscera. Cause?

Impossible to determine primary site.

Due to Duration. Undetermined.

Other conditions Ascites  
(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results none Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

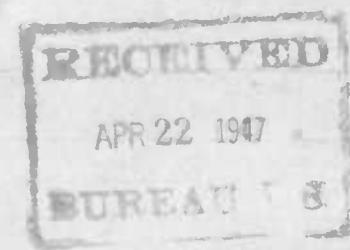
Injured at home, farm, industry, public place (where?)

Means of Injury Auto Injured at work?

23. SIGNATURE Charles W. Flotter, M.D.

M. D. or other

Address 349 Main St. Frederick Date signed Apr. 19, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

01086  
166

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

Garrett  
County.....Mt. Lake Park  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)

2 weeks

How long in above place of death.....

Hospital, institution, or street address where death occurred:  
Kisers Nursing home

2 weeks

How long in hospital or institution?.....

## 3. (a) FULL NAME

Hulda Jane Lower Sims

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

James H. Sims

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo. day. yr.) August 8, 1866

8. AGE: Years Months Days If less than one day  
80 8 16 hrs. min.

9. Birthplace..... Garrett Co., Md.

(Town, county, and state)

10. Usual occupation..... House Wife

11. Industry or business..... Own Home

12. Name..... Henry Lower

13. Birthplace..... Garrett Co., Md.

14. Maiden name..... Roxilena Lipscomb

15. Birthplace..... Garrett Co., Md.

16. Intertant..... Josiah Sims

17. Address..... Mt. Lake Park, Md.

Burial Date thereof..... April 26, 1947  
(Burial, cremation, or removal. Which?) Pleasant Valley Cemetery

Cemetery or crematory..... 3 Mi. So. Oakland, Md.

Location.....

18. Funeral director..... Herbert C. Leighton

Address..... Oakland, Maryland.

19. Date rec'd by registrar..... 4/26/47

(Date rec'd by registrar) 1947

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
Maryland Garrett

County..... Garrett

Rural Mt. Lake Park  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)

4 Mi. So. Mt. Lake Park, Md.

Street No. ....  
(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

-----

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 23, 47 1947 7:45P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

November 10, 1946, to April 23, 1947

and that I last saw her alive on April 23, 1947

Immediate cause of death.....

In myocardial failure

Due to.....

Other causes.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Dr. J. J. Jannon, M.D.

M. D. or other..... Date signed.....

Address..... Oakland, Maryland Date signed..... April 26, 1947

RECEIVED

MAY 6 1947

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01087

166

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

Garrett  
County.....Rural Deer Park,  
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 years

Hospital, Institution, or street address where death occurred: -----

How long in hospital or institution? -----

## 3. (a) FULL NAME

Roberta Ruth Smith

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife: -----

6. (c) If alive, give age: ----- years

7. Birth date of deceased (mo., day, yr.) August 18, 1929

8. AGE: Years Months Days It less than one day  
17 8 2 ..... hrs. ..... min.

9. Birthplace: Garrett Co., Md.

(Town, county, and state)

10. Usual occupation: House work

11. Industry or business: at home

Warden Smith

12. Name: Fayette Co., Penna.

13. Birthplace: Mary Wonderly

14. Maiden name: Preston Co., W. Va.

15. Birthplace: Warden Smith

16. Informant: Deer Park, Md.

Address: Burial April 23, 1947

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Ferndale Cemetery

Cemetery or crematory

3 Mi. No. Oakland, Md.

Location

18. Funeral director: Robert C. Leighton

Address: Oakland, Maryland.

19. (Date rec'd by registrar) 4/23/47

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County Garrett

Rural Deer Park

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3 Mi. N.W. Deer Park

(If rural, give LOCATION)

2.(a) If veteran, name war: -----

## 3. (b) Social Security Number

-----

## MEDICAL CERTIFICATION

April 19,

47

9:45A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on

Immediate cause of death:

Self inflicted bullet wound in heart

Due to: -----

Due to: -----

Other conditions: -----

(Include pregnancy within 3 months of death)

Major findings of operations: -----

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide in home Date of 4-19-47

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Self inflicted Bullet wound in heart

in heart

23. SIGNATURE

Julia Brown

Address: Oakland, Maryland M. D. or other 4-23-47 Date signed

RECEIVED

MAY 6 1941

BUREAU V 6

Evidence for the change of  
age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77-2

FILE NO. G 110 JUN 23 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 01088

1. PLACE OF DEATH:

Garrett

County

Near Deer Park, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Richard Scott Tasker.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widower

8. (b) Name of husband or wife

Unknown

7. Birth date of  
deceased (mo., day, yr.)

April 2d, 1866

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

81

701

0

8

hrs.

min.

9. Birthplace

West Va., Mineral County.

(Town, county, and state)

10. Usual occupation

Blacksmith.

11. Industry or business

12. Name

Joseph Tasker

13. Birthplace

West Va.

14. Maiden name

Catherine Sharpless.

15. Birthplace

West Va.

16. Informant

Harper Paugh.

Address

Deer Park, Md.

17. Burial

Date thereof April 13/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Paugh Cemetery

Location

Near Deer Park, Md.

18. Funeral director

Syray D. Bolden

Address

Oakland, Md.

19. (Date rec'd by registrar)

4/12/47

19. (Date signed)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Near Deer Park, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 10 1947 st 9<sup>1</sup>

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Syam and after death

19

and that I last saw h alive on

19

Immediate cause of death

Death from heart attack

DURATION

Due to Alcoholism

Due to Irritation from alcohol

not due to cancer, cugor

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

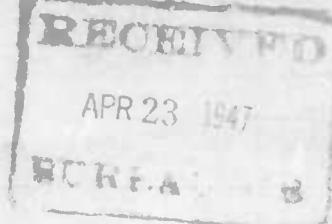
Means of injury

Injured at work?

23. SIGNATURE

S. D. Baumgartner M.D. M. D. or other

Address Oakland, Md. Date signed 4/12/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

01089

166

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

Garrett

County

Mt. Lake Park

City or town

(If outside city or town limits, write RURAL and give nearest town)

25 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Grace Elda Fearer Turney

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Flaveus J. Turney

69

B.(c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

November 11, 1881

8. AGE:

Years  
65Months  
4Days  
25

If less than one day

hrs.

min.

9. Birthplace

Preston Co., W. Va.

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Own Home

12. Name

Joseph Fearer

13. Birthplace

Preston Co., W. Va.

14. Maiden name

Amanda Vansickle

15. Birthplace

Preston Co., W. Va.

16. Informant

Joseph Turney

Address

Mt. Lake Park, Md.

17. Burial

Date thereof April 8, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Oakland Cemetery

Location

Oakland, Md.

18. Funeral director

Verlest C. Leighton

Address

Oakland, Maryland

19. (Date rec'd by registrar)

19.

4/18

47

Julia G. Reason

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Garrett

City or town Mt. Lake Park,

(If outside city or town limits, write RURAL and give nearest town)

Street No. -----

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 5,

1947 at 3:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 5, 1947, to April 5, 1947

and that I last saw her alive on April 5, 1947

Immediate cause of death

Congestive Heart failure

Due to

Arteriosclerosis

Due to

Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

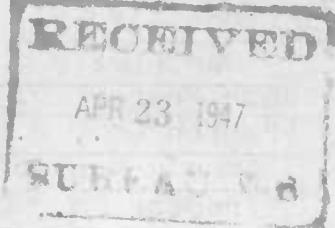
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 4/11/47



~~1~~  
Evidence for the change of a  
is shown on C 110 6/19/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19102

01090

CERTIFICATE OF DEATH

Reg. Dist. No. ....

166

1. PLACE OF DEATH: Garrett

County.....

City or town..... Oakland,

(If outside city or town limits, write RURAL and give nearest town)

6 months

How long in above place of death?.....

Hospital, institution, or street address where death occurred: -----

How long in hospital or institution? -----

3. (a) FULL NAME

Lawson Wright

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

Henrietta Friend

6. (b) Name of husband or wife.....

70 years

7. Birth date of deceased (mo., day, yr.) April 22, 1872

6. (c) If alive, give age.....

8. AGE:

74

Years

75

Months

--

Days

17

If less than one day

hrs. .... min.

9. Birthplace: Garrett Co., Md.

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Own Farm

12. Name: William Wright

MOTHER

FATHER

13. Birthplace: Garrett Co., Md.

14. Maiden name: Jane Harvey

15. Birthplace: Garrett Co., Md.

16. Informant: William Coddington

Address: Oakland, Md.

17. Burial: April 9, 1947

(Burial, cremation, or removal. Which?) Date thereof: (month) (day) (year)

George Cemetery

Cemetery or crematory

Location: Swanton, Md.

18. Funeral director: Herbert C. Leighton

Address: Oakland, Maryland.

19. (Date rec'd by registrar)

19.

4/9/47 17 Julia Brown

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Swanton (If outside city or town limits, write RURAL and give nearest town)

Street No. -----

(If rural, give LOCATION)

2. (a) If veteran, name war: -----

3. (b) Social Security Number

215-16-4206

MEDICAL CERTIFICATION

April 6, 1947 11:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15

1945

4-6-47

19

and that I last saw h. .... in 3-31-47

alive on Maralysis

Immediate cause of death: -----

1 week DURATION

High Blood Pressure

Due to: and Chronic Nephritis

4 years

Due to: -----

Other conditions: -----

(Include pregnancy within 3 months of death)

Major findings of operations: -----

Date of op. -----

Autopsy results: -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ----- Date of: -----

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury: -----

Injured at work? -----

23. SIGNATURE: Edward F. Brown

M. D. or other

Address: Oakland, Maryland Date signed: 4-6-47

